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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Jonathan M. Foreman

FIRM/COMPANY: U.S. Patent and Trademark Office

FACSIMILE NUMBER: (703) 872-9306

**CONFIRMATION
TELEPHONE:** (571) 272-4724

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: January 13, 2005

USER NUMBER: 5121

FILE NUMBER: Docket No. R0367-00201

TOTAL # OF PAGES: 16
(INCLUDING COVERSHEET)

MESSAGE: Attached is a Response to the Election/Restrictions of Species Requirements mailed 12/15/2004 in connection with patent application Serial No. 10/010,213, filed December 4, 2001.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of
Burbank, et al.

For: **METHODS AND APPARATUS FOR
SECURING MEDICAL INSTRUMENTS TO
DESIRED LOCATIONS IN A PATIENT'S
BODY**

Serial No.: 10/010,213

Filed: December 4, 2001

Att. Docket No.: R0367-00201

) Examiner: Jonathan M. Foreman

) Group Art Unit: 3736

) TRANSMITTAL

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to Examiner Jonathan M. Foreman (703) 872-9306, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 13, 2005, in San Francisco, CA.

Anne Marie Leavitt

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

- Transmitted herewith for filing in the above-identified patent application is an Response to Election of Species Requirements.
- Claim Fee Calculation
☒ No additional claim fee is required.
☐ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	12 - 42 =	0 x	\$100 =	\$ 0
Total Claims	2202	3 - 5 =	0 x	\$25 =	\$ 0

Additional Claims Fee

\$ 0

- Payment of Fees

Enclosed is a check for the total fees due in the amount of _____.
☒ The Commissioner is authorized to charge any fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Att. Docket No. R0368-00201.

By: _____

Edward J. Lynch

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PATENT

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In re the application of
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For: **METHODS AND APPARATUS FOR
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TO DESIRED LOCATION IS A
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Serial No.: 10/010,213

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Atty. Docket No.: R0367-00201

) Examiner: Jonathan M. Foreman

) Group: 3736

) **RESPONSE TO ELECTION OF**
) **SPECIES REQUIREMENTS**

) **CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8**

I hereby certify that this correspondence is being transmitted by facsimile (703) 872-9306 and addressed to Attention Jonathan M. Foreman,
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on _____ in San Francisco, CA.

By: _____

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on December 15, 2004, please amend
the above identified application as follows: